

POSITION	INITIALS	ID NO.	DATE
	<i>m G</i>		<i>8/30/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			<i>9-5-00</i>
FORMALITY REVIEW	<i>LT</i>	<i>811</i>	<i>10/16/00</i>
RESPONSE FORMALITY REVIEW	<i>lt</i>	<i>907</i>	<i>4-16-01</i>
	<i>lt</i>	<i>907</i>	<i>9-28-01</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	<i>8/19/00</i>
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

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9/25/01